



DOCUMENT TRACKING NUMBER: _____

**CITY OF HOUSTON
DEPARTMENT OF SOLID WASTE MANAGEMENT
CITIZENS WITH DISABILITIES APPLICATION FOR SERVICES**

On property service is restricted to physically challenged citizens who are sole residents at the addresses where service is requested, unless all other residents at the service address have disabilities which prevent them from placing waste items at the curb for collection.

NAME OF APPLICANT: _____
ADDRESS/SUBDIVISION: _____
(AREA CODE) HOME PHONE#: _____
TYPE OF SERVICE REQUESTED: _____ / _____ / _____
(Automated) (Yardwaste) (Recycling)

APPLICANT'S CERTIFICATION: Circle the word, which applies.

(I/We), the undersigned, certify that (I/we) (am/are) physically challenged and unable to place solid waste at the curb for collection. Further (I/we) (am/are) the sole (resident/residents) at the above service address. By (my/our) signature(s), (I/we) also give approval for solid waste personnel to enter the above-referenced property for the purpose of collecting solid waste, and hereby waive any claim against the city of Houston for any damages in connection with solid waste personnel entering this property for the above-stated purpose.

Signature of Applicant: _____
Signature of Other Resident(s): _____

PHYSICIAN/OPTOMETRIST'S CERTIFICATION: To be completed by a licensed physician (or optometrist if person is legally blind).

I, a licensed physician or optometrist, hereby certify that _____ is physically disabled such that he/she is unable to place his/her solid waste material at the curb for collection.

NAME OF PHYSICIAN OR OPTOMETRIST _____
ADDRESS _____ CITY/STATE/ZIP _____
Signature of Physician/Optometrist & Date _____

*(A physically disabled individual is defined in Article 6675A-3E as one who "has mobility problems that substantially impair the person's ability to ambulate, or who is legally blind.")

**MAIL FORM TO:
DEPARTMENT OF SOLID WASTE MANAGEMENT
P.O. BOX 1562
HOUSTON, TEXAS 77002**

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____
ASSIGNED TO (SUPERVISOR): _____ DATE: _____
INVESTIGATED BY: _____
SERVICE CENTER ASSIGNED TO: _____

ACCEPTANCE OR DENIAL

SERVICE DENIED ON: _____ REASON: _____
SERVICE ACCEPTED ON: _____
DATE SERVICE WILL START: _____

DOCUMENT TRACKING NUMBER: _____



**CITY OF HOUSTON
DEPARTMENT OF SOLID WASTE MANAGEMENT
(713) 837-9280
ACCEPTANCE OR DENIAL**

NAME OF APPLICANT: _____
ADDRESS/SUBDIVISION: _____
(AREA CODE) HOME PHONE#: _____
TYPE OF SERVICE REQUESTED: _____ / _____ / _____
(Automated) (Yardwaste) (Recycling)

SERVICE DENIED ON: _____ REASON: _____
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